EF-263-C-R03-0522-27000104-1

BOE-263-C (P1) REV. 03 (05-22)

CHURCH LESSORS' EXEMPTION CLAIM

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

L		To receive the full exemption, this claim must be filed with the Assessor by February 15.
_	en check here Sign and return this form t	to the Assessor, Data vacated:
If you no longer seek an exemption at this location	on, check here Sign and return this form t	o the Assessor. Date vacated
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME	HOH	$C \Lambda$
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	<i>TIVII</i>	FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
The exemption claim is made for the following p	property and the name and address	s of the lessee)
PROPERTY TYPE	PRIMARY USE(S)	INCIDENTAL USE
Land		
Buildings and Improvements		
Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION		
MAILING ADDRESS		CITY, STATE, ZIP CODE
	the church in the form of rents, fees, or char aining and operating the leased property.	rges from the lease does not exceed the ordinary
An affidavit must be attached in	n which the lessee declares it uses t	he property for exempt purposes.
	CERTIFICATION	
	der the laws of the State of California that the sor documents, is true and correct to the best	foregoing and all information hereon, including any t of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING PU	IBLIC SCHOOL LESSEE		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of q	ualifying use of the property	· /	
☐ PUBLIC S	CHOOL	☐ STATE UNIVERSITY	
COMMUNITY COLLEGE UNIVERSITY OF CALIFORNIA		NIA	
☐ STATE CC	LLEGE		
NAME OF CHURCH			
MAILING ADDRESS	 		OA
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED The following property etc. Attach a separate I	is leased as of January 1 of	SSOR MAY REQUEST A COPY OF THE LEA	SE AGREEMENT g leased, indicate the type, make, model, serial number
PROPERTY TYPE		PROPERTY DESCI	RIPTION
(REAL OR PERSONAL)			
	D (
☐ Yes ☐ No With r	espect to lessees that are	e political subdivisions of the state, ag the same.	the property is located within the boundaries of the
sectio If Yes affidav	n 512 of the Internal Rever , a copy of the institution's	nue Code. s most recent tax return filed with	ates unrelated business taxable income as defined in the Internal Revenue Service must accompany this unrelated business taxable income to the bookstore's
		CERTIFICATION	
		the laws of the State of California that documents, is true and correct to the	t the foregoing and all information hereon, including any best of my knowledge and belief.
SIGNATURE OF PERSON MAK	ING CLAIM		DATE
NAME OF PERSON MAKING CI	_AIM		TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE ()

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